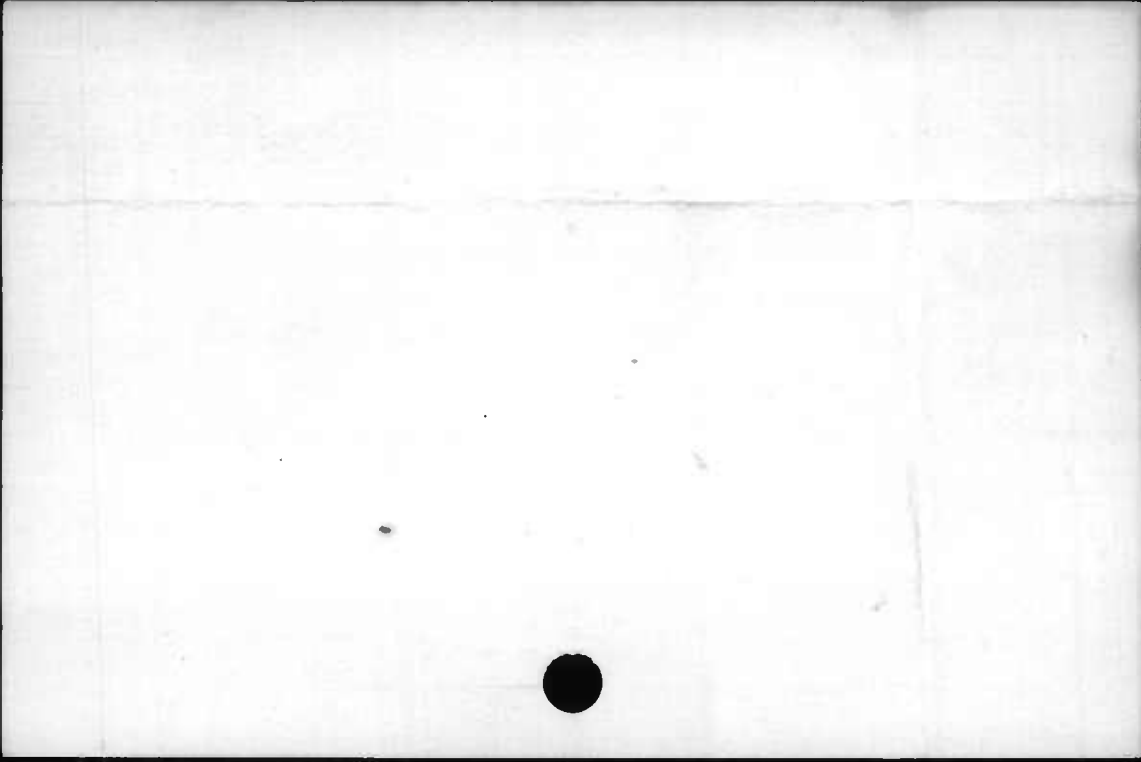


Name in Full		Woodward Wade Blanchard				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		
		Marshall Hall		Cherokee		MARYLAND		
		Date of death		1906	Month	Dec.	Day	6
		Age		Years		Months		
		Sex		Male		Color or Race		
		White		Birth-place		Ches. Co Md		
Occupation				Where Residing if not at place of death		Marshall Hall Md		
Married, Single or Widowed				Name of Wife or Husband				
Father's Name		Wm. W. Blanchard				Father's Birthplace		
Mother's Maiden Name		Bertha H. Berry				Mother's Birthplace		
Name of person giving information		Wm. W. Blanchard				How related to deceased		
		Fraternal						
		CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary				How long		
		Hemorrhage from Heart				3 hours		
		Immediate				How long		
		Are the name, age, sex, color, date and place correctly given above?				yes		
		Signature of Physician				J. W. Mitchell		
		Address				Perryman Md.		
Accident or Suicide?		no						



Name  
in  
Full

William Thomas Boorman

## CERTIFICATE OF DEATH

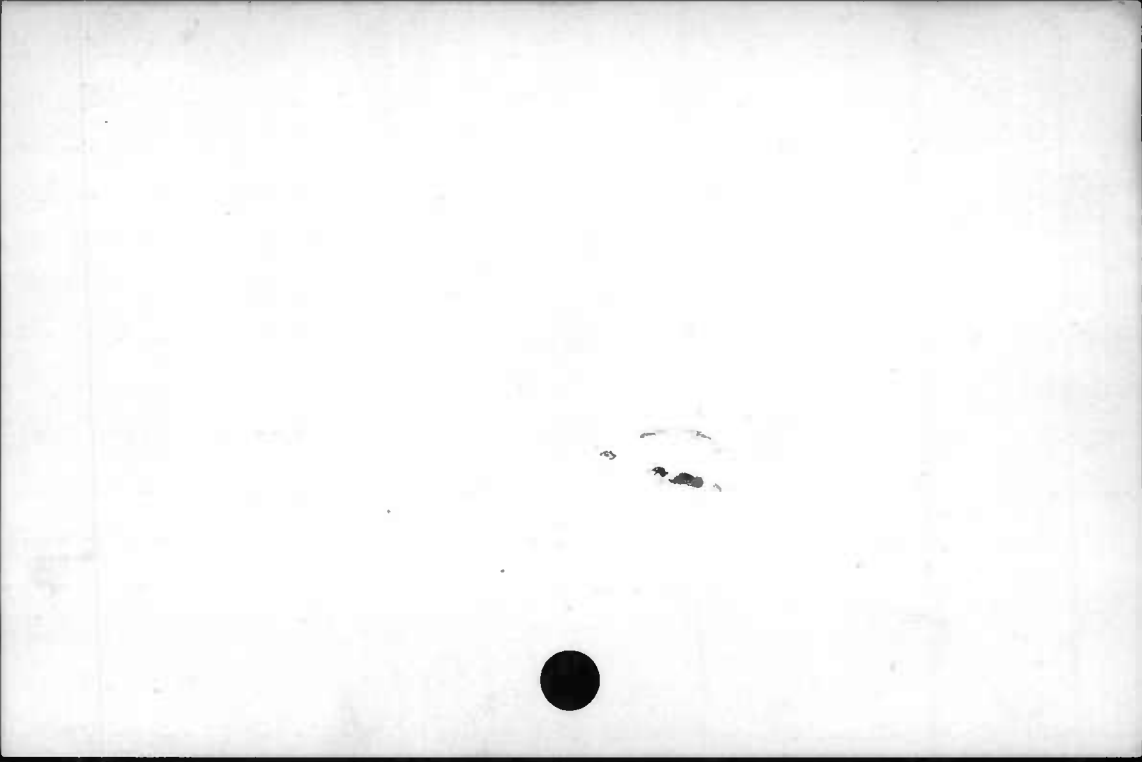
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Franklin</u> <sup>Town</sup>		<u>Charles</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1906</u> <sup>Month</sup>	<u>Dec</u> <sup>Day</sup>	<u>2</u> <sup>Age</sup>	<u>4</u> <sup>Years</sup>	<u>7</u> <sup>Months</sup>
Sex	<u>Male</u>	Color or Race	<u>Colored</u>	Birth-place	<u>Charles County</u>
Occupation	<u>                    </u>		Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	<u>Thomas S Boorman</u>			Father's Birthplace	<u>Charles Co</u>
Mother's Maiden Name	<u>Sarah Adams</u>			Mother's Birthplace	<u>Charles Co</u>
Name of person giving information	<u>Thomas S Boorman</u>			How related to deceased	<u>Father</u>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Whooping Cough</u>	How long	<u>3 Weeks</u>
Immediate	<u>Pneumonia</u>	How long	<u>2 days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Peter W. Roby</u> <u>Coroner</u>
		Address	<u>Bel Air</u>
Accident or Suicide?			<u>M. d</u>



Name  
in  
Full

## CERTIFICATE OF DEATH

Ann Brannell

Town

County

MARYLAND

Died at

Near Port Tobacco

Charles

Date

Month

Day

Years

Months

Days

of death 1906

Dec

14

Age

79

Sex

Female

Color or  
Race

African

Birth-  
place

Char. Co. Md

Occupation

None in a hospital

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
Information

Mrs Joe Smith

How related  
to deceased

Not related

## CAUSES OF DEATH

Primary

Gastric trouble

How long

about 3 months

Immediate

Heart failure

How long

Sudden

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

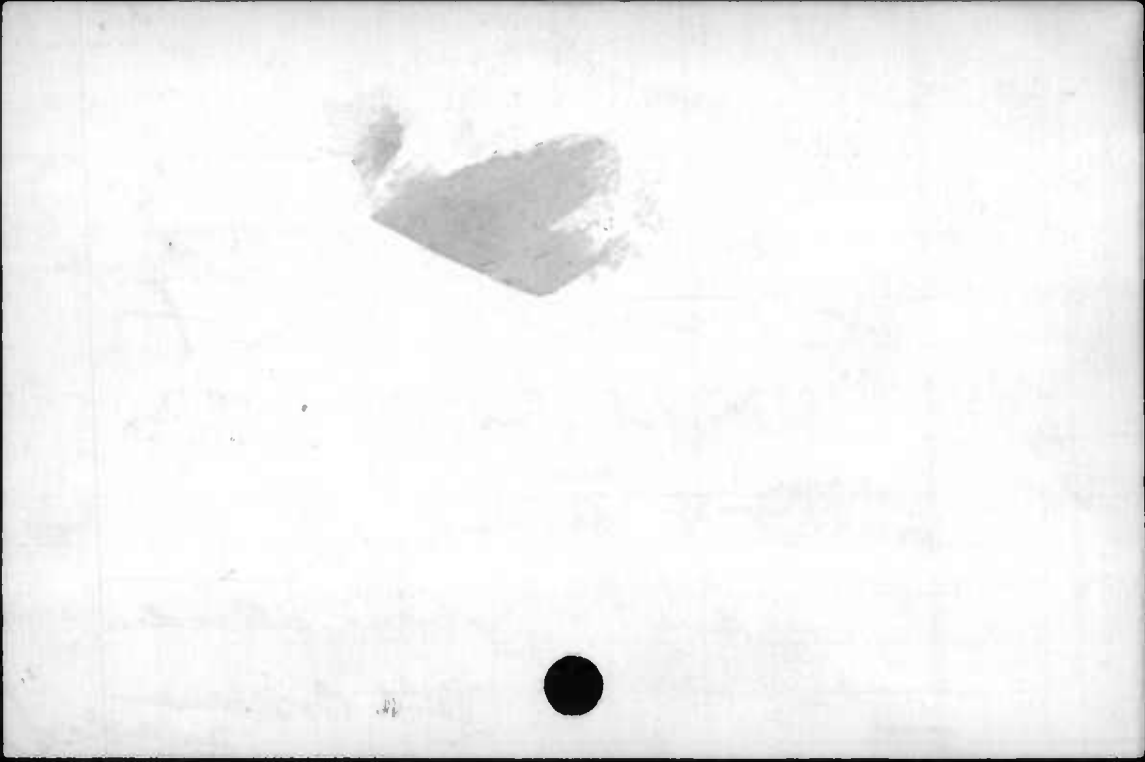
Address

Jno. J. Diggs  
Port Tobacco

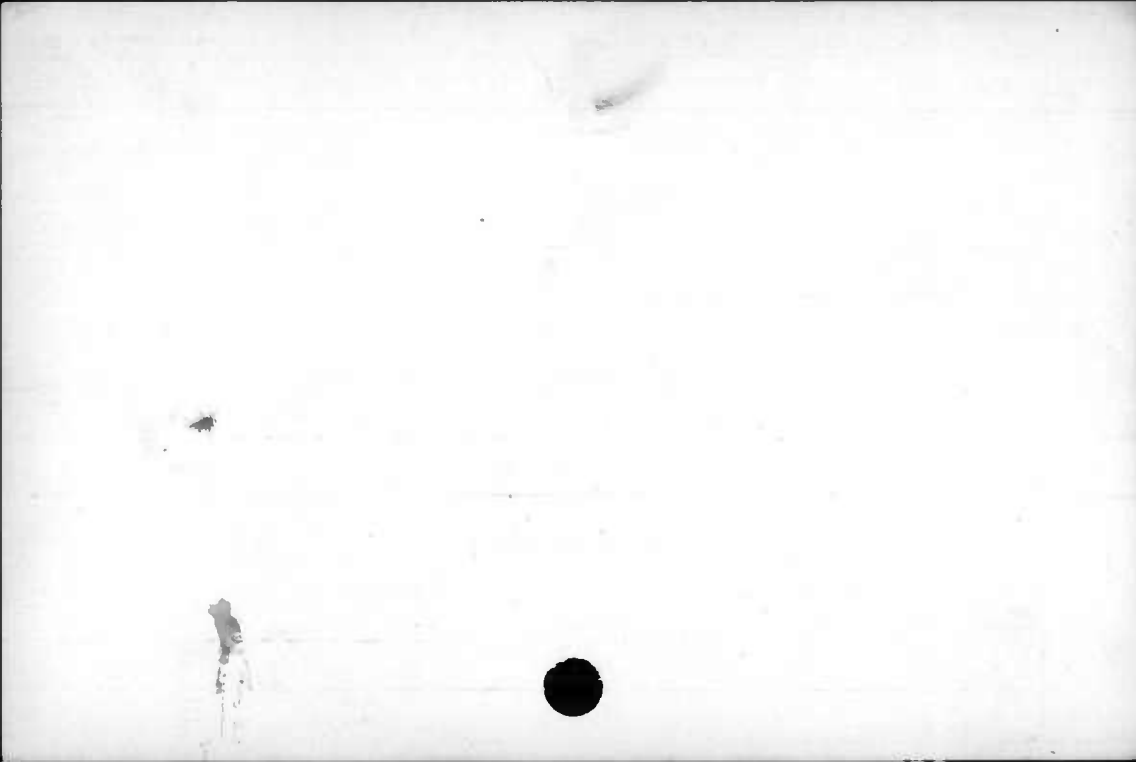
Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full		Tom Carroll				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Newburg		County Charles		MARYLAND	
	Date of death		1906	Month Sept	Day 9	Age 40	Months	Days
	Sex		Color or Race			Birth- place		
	Occupation		Farm Hand			Where Residing if not at place of death		
	Married, Single or Widowed		Married		Name of Wife or Husband			
	Father's Name					Father's Birthplace		
	Mother's Maiden Name					Mother's Birthplace		
	Name of person giving In formation					How related to deceased		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary					How long		
	Bright ocean							
	Immediate					How long		
	of Kidneys							
	Are the name, age, sex, color, date and place correctly given above?					Signature of Physician		
-					Address			
Accident or Suicide?					J. J. Linnert Cooking Charles Co			





Name  
in  
Full

Charity Chesley

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> M<sup>c</sup>Donchur<sup>County</sup> Charl.Date  
of death 1906Month  
12Day  
27

Age

Years  
70Months  
—Days  
—

Sex

Female

Color or  
Race

Black

Birth-  
placeCharl<sup>c</sup> Md

Occupation

Housewife

Where Residing if not  
at place of deathM<sup>c</sup>Donchur MdMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

William Chesley

Father's  
Name

Not known

Father's  
Birthplace

—

Mother's  
Maiden Name

.. ..

Mother's  
BirthplaceName of person giving  
In formation

W. H. Williams

How related  
to deceased

Son

## CAUSES OF DEATH

Primary

Burnt to death

How long

(160)

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

None attending

Address



W. F. Mawner

Accident ~~or~~ Suicide?

n

Reported by  
W. F. Browner.  
Sub Ry

Name  
in  
Full

Andrew W. Ford

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

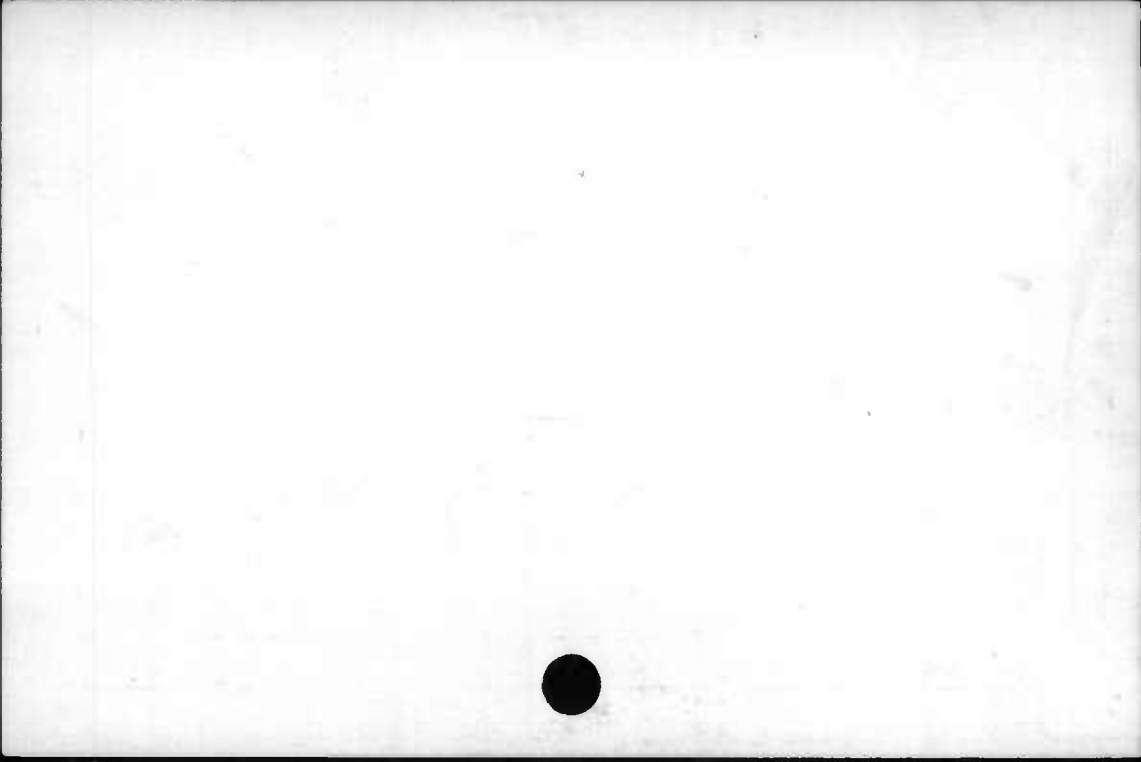
MARYLAND

Died at <i>near La Plata</i>		Town <i>Charles</i>		County	
Date of death <i>1906</i>	Month <i>Dec</i>	Day <i>18th</i>	Age <i>17</i>	Years	Months <i>5</i>
Sex <i>male</i>	Color or Race <i>colored</i>		Birth-place <i>Charles Co</i>		
Occupation <i>laborer</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Robert Ford</i>	Father's Birthplace <i>Charles Co</i>		Mother's Birthplace <i>Charles Co</i>		
Mother's Maiden Name <i>Sarah Smith</i>	Name of person giving information <i>Mother Sarah Hansen</i>		How related to deceased <i>mother</i>		

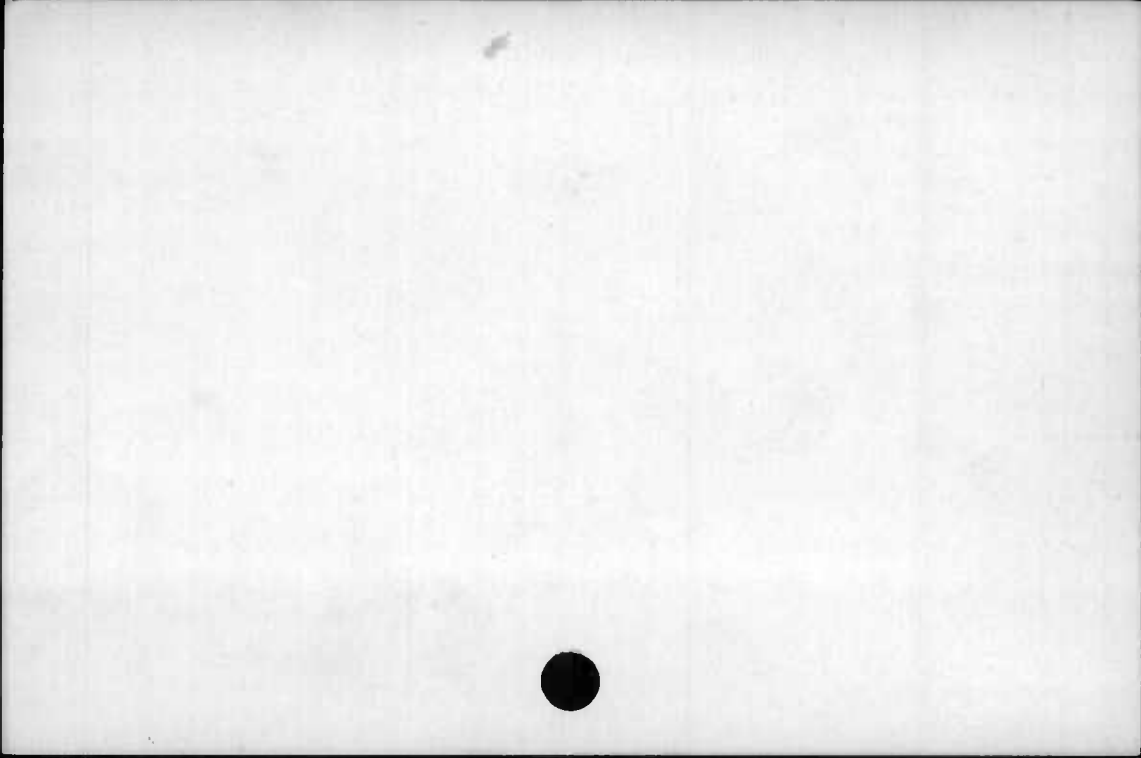
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Typhoid Fever (colap)</i>	How long	<i>2 months</i>
Immediate	<i>Exhaustion &amp; Heart failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Thos. B. Brown</i>
		Address	<i>La Plata Md</i>
Accident or Suicide?			



Name in Full		Bertie Grindfield				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town near Waldorf		County Charles Co		MARYLAND		
	Date of death		1906	Month Dec	Day 20	Age 40	Years	Months	Days
	Sex		Female		Color or Race		Colored		Birth-place
	Occupation		Housewife		Where Residing if not at place of death		At home		
	Married, Single or Widowed		Married		Name of Wife or Husband		Henry Grindfield		
	Father's Name		Frank Washington		Father's Birthplace		Chas Co		
	Mother's Maiden Name		Bertie Smathers		Mother's Birthplace		P. G.		
	Name of person giving information		Henry Grindfield		How related to deceased		Husband		
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary		Cancer		(45)	How long		12 months	
	Immediate		Exhaustion			How long		Short while	
	Are the name, age, sex, color, date and place correctly given above?				yes		Signature of Physician		
							Address		
							Waldorf		
Accident or Suicide?									
Ind									



Name  
in  
FullElizabeth ~~Elizabeth~~ Hawkins

## CERTIFICATE OF DEATH

MARYLAND

Died at <sup>Town</sup> La Plata

County Charles

Date  
of death 1900

Month

Dec

Day

27<sup>th</sup>

Age

Years

75

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Charles co Md

Occupation

None

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Jesse H. Hawkins

Father's  
Birthplace

Charles co Md

Mother's  
Maiden Name

Sarah Greens

Mother's  
Birthplace

Charles co Md

Name of person giving  
information

P. W. Hawkins

How related  
to deceased

Cousin

## CAUSES OF DEATH

Primary

Cancer

How long

45

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

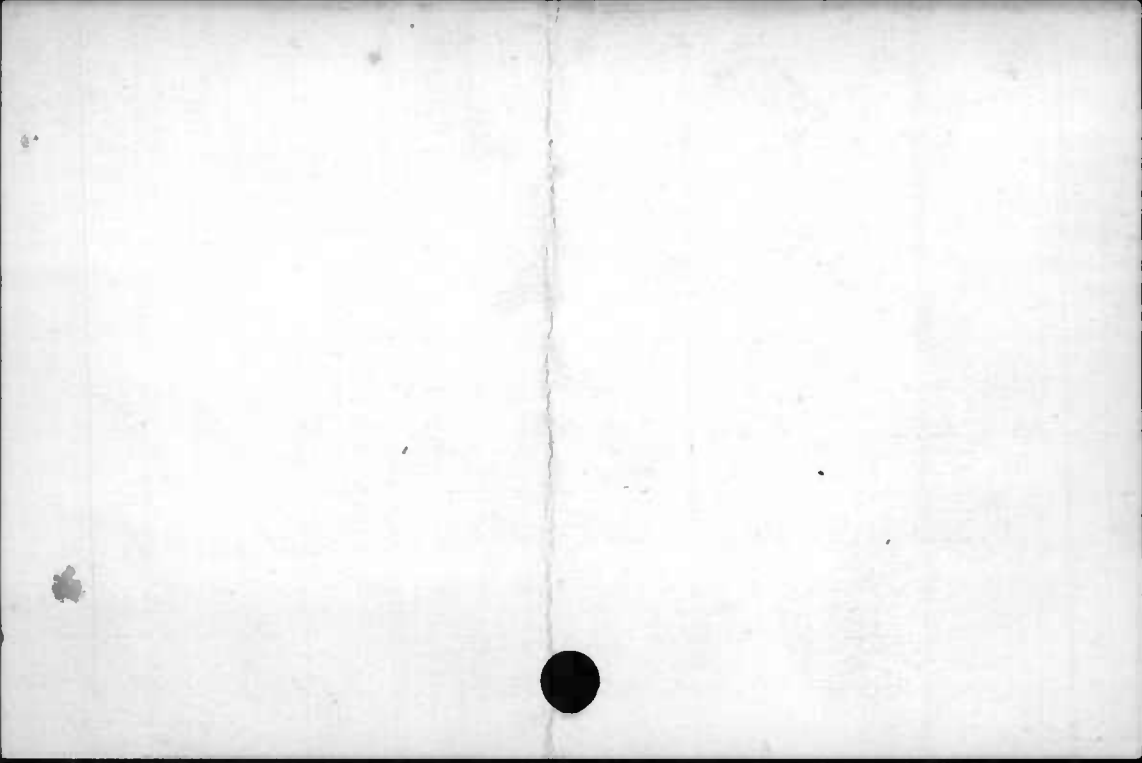
Signature of  
Physician

Address

P. W. Hawkins M.D.  
La Plata Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

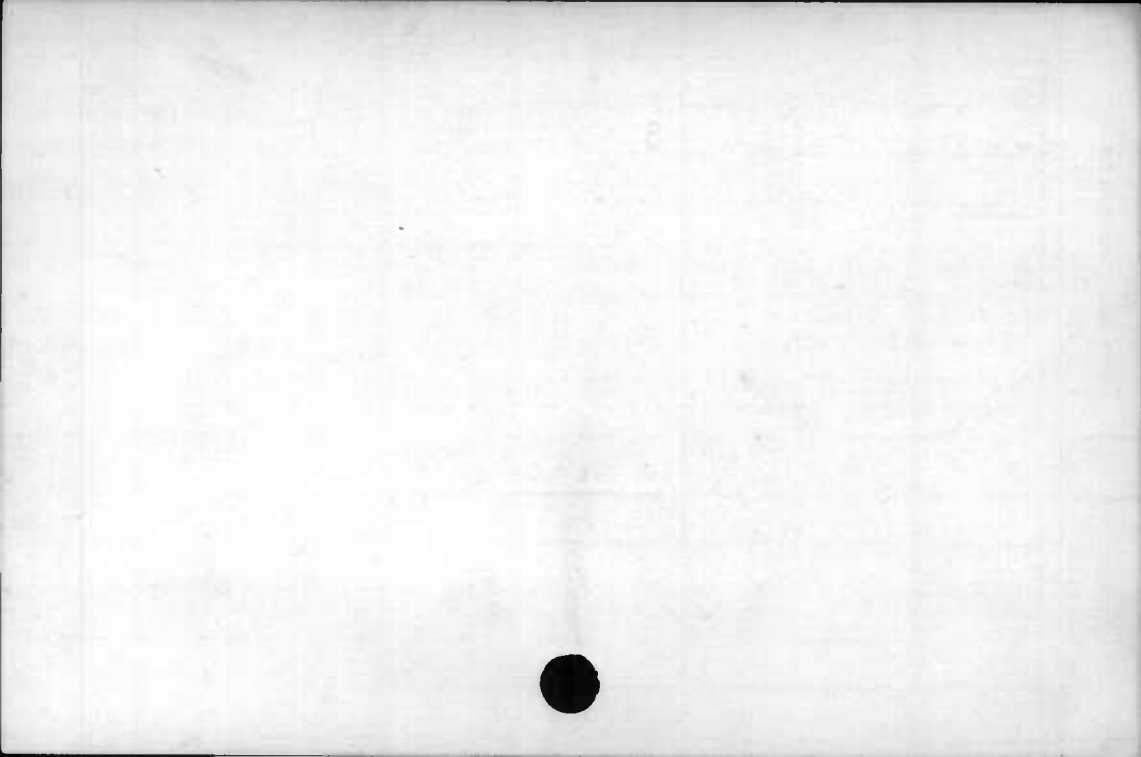
MARYLAND

Name <i>Nettie Lemmon.</i>		Town <i>Pisgah</i>		County <i>Charles</i>	
Died at		Date of death <i>1906 Dec. 13</i>		Age <i>28</i>	
Month <i>Dec.</i>		Day <i>13</i>		Years <i>28</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Chicamun Md.</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Robt. E. Lemmon</i>			
Father's Name <i>Baily Lemmon</i>		Father's Birthplace <i>Chas. Co. Md.</i>			
Mother's Maiden Name <i>Rebecca Smallwood</i>		Mother's Birthplace " " "			
Name of person giving information <i>Robt. E. Lemmon</i>		How related to deceased <i>Husband</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>15 mos.</i>
Immediate <i>Cardiac Complications</i>	How long <i>2 mos.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. B. Becknell,</i>
	Address <i>Pisgah, Md.</i>
Accident or Suicide?	



Name  
in  
Full

Martha Linton

## CERTIFICATE OF DEATH

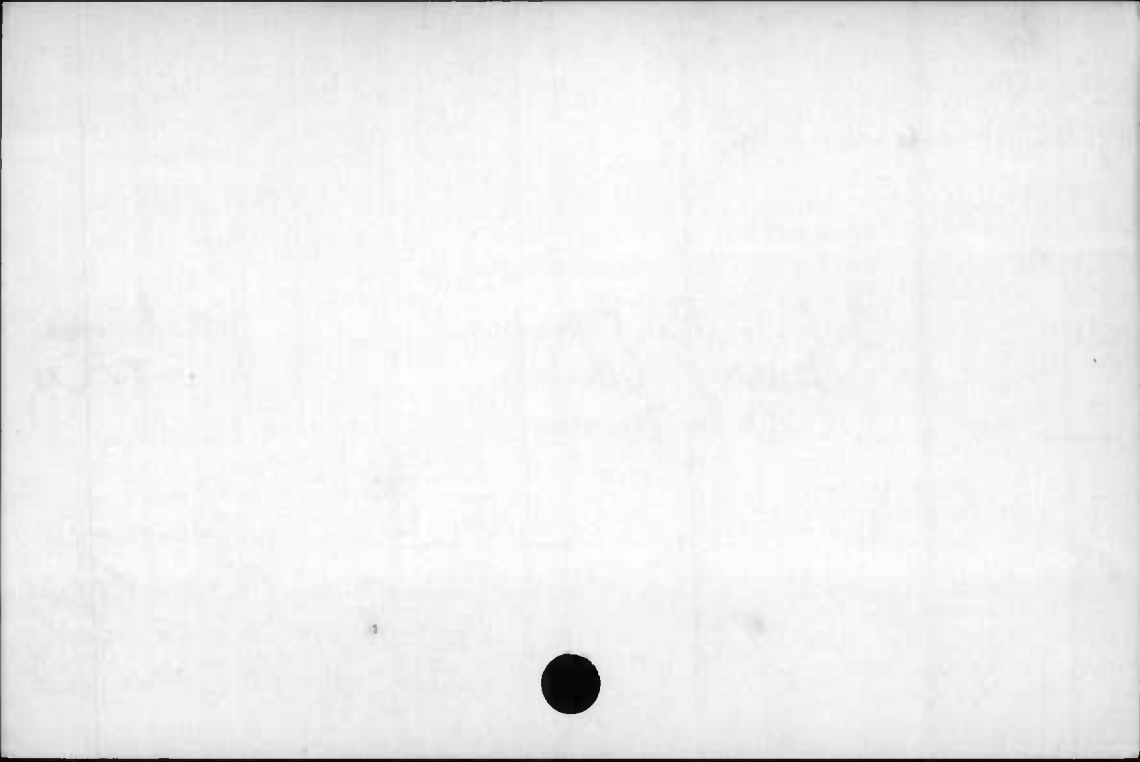
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Grayton</i> <sup>Town</sup>		<i>Charles</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	<i>12</i> <sup>Month</sup>	<i>25</i> <sup>Day</sup>	Age <i>80</i> <sup>Years</sup>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>MD</i>		
Occupation			Where Residing if not at place of death		
<input checked="" type="checkbox"/> Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>William Linton</i>			How related to deceased <i>Nephew</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>General Weakness</i>	How long
Immediate <i>Old age</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>James M. Wheeler</i>
	Address <i>Sub Registrar</i>
Accident or Suicide?	



Name  
in  
Full

Elizabeth Marbury

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Marbury* Town

County

*Charles*

Date

of death *1906*

Month

*Dec.*

Day

*23*

Age

Years

*75*

Months

Days

Sex

*Female*Color or  
Race*American*Birth-  
place*Charles Co. Md.*

Occupation

*Housewife*Where Residing if not  
at place of deathMarried, Single  
or Widowed*Married*Name of Wife or  
Husband*Addison Marbury*Father's  
Name*Robt Brawner*Father's  
Birthplace*Charles Co. Md.*Mother's  
Maiden Name*Mrs. P. Person*Mother's  
Birthplace*" " "*Name of person giving  
information*Addison Marbury*How related  
to deceased*Husband*

## CAUSES OF DEATH

82

PHYSICIAN  
OR CORONER

Primary

*Myocarditis*

How long

*10 years*

Immediate

*Cerebral Embolus*

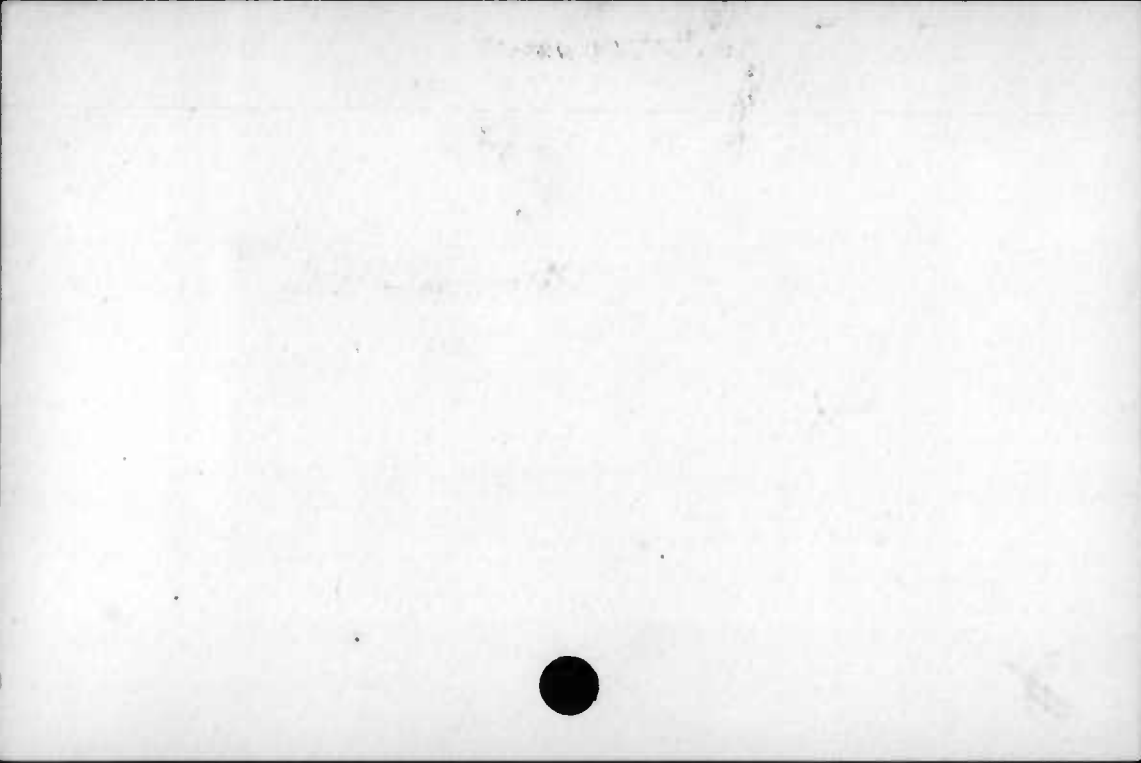
How long

*1*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*Geo. C. Bicknell*

Address

*Pregak Md*

Accident or Suicide?



Name  
in  
Full

Mary E. Moran

## CERTIFICATE OF DEATH

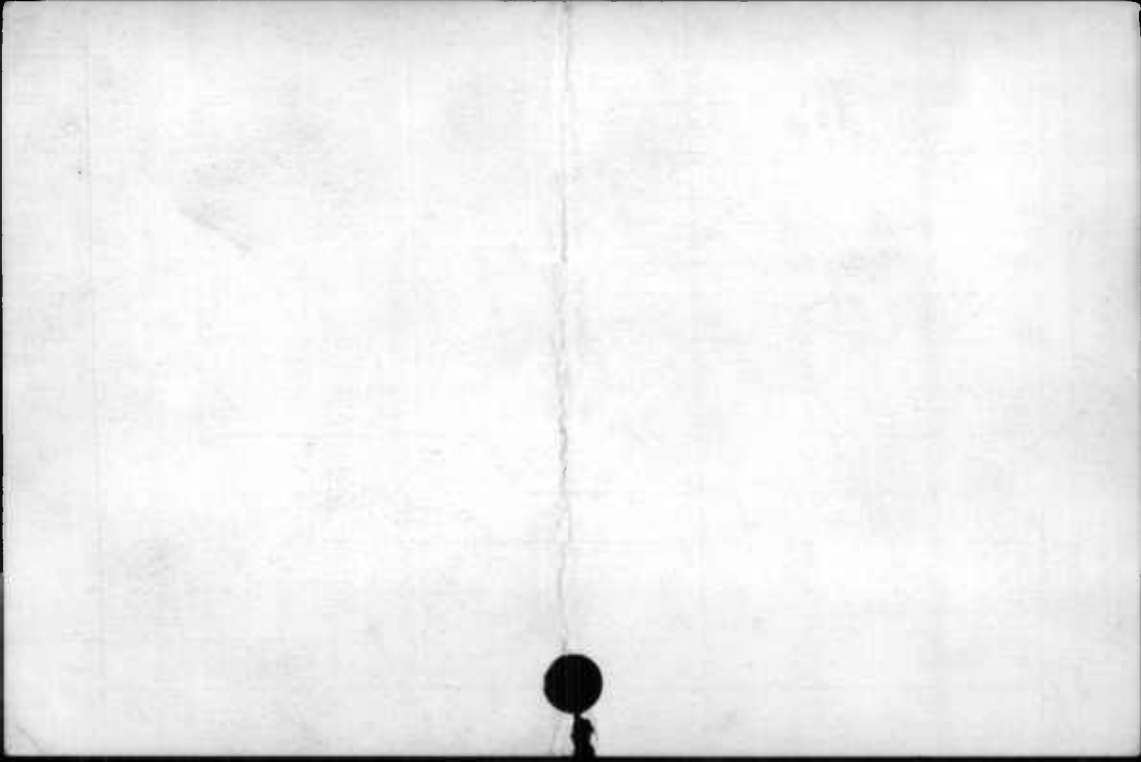
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Albion</i>		Town <i>Albion</i>		County <i>Chas</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>12</i>	Day <i>27</i>	Age <i>79</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place				
Occupation <i>Housewife</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Marshall Moran</i>						
Father's Name <i>John. H. Barnes</i>	Father's Birthplace <i>Washington</i>						
Mother's Maiden Name <i>Mary Edds</i>	Mother's Birthplace <i>Mont. Co.</i>						
Name of person giving information <i>S. W. Moran</i>	How related to deceased						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>old age</i>	How long <i>Three days</i>
Immediate <i>Heart failure</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>L. J. Sothorn</i>
	Address <i>Charlotte Hall Md</i>
Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

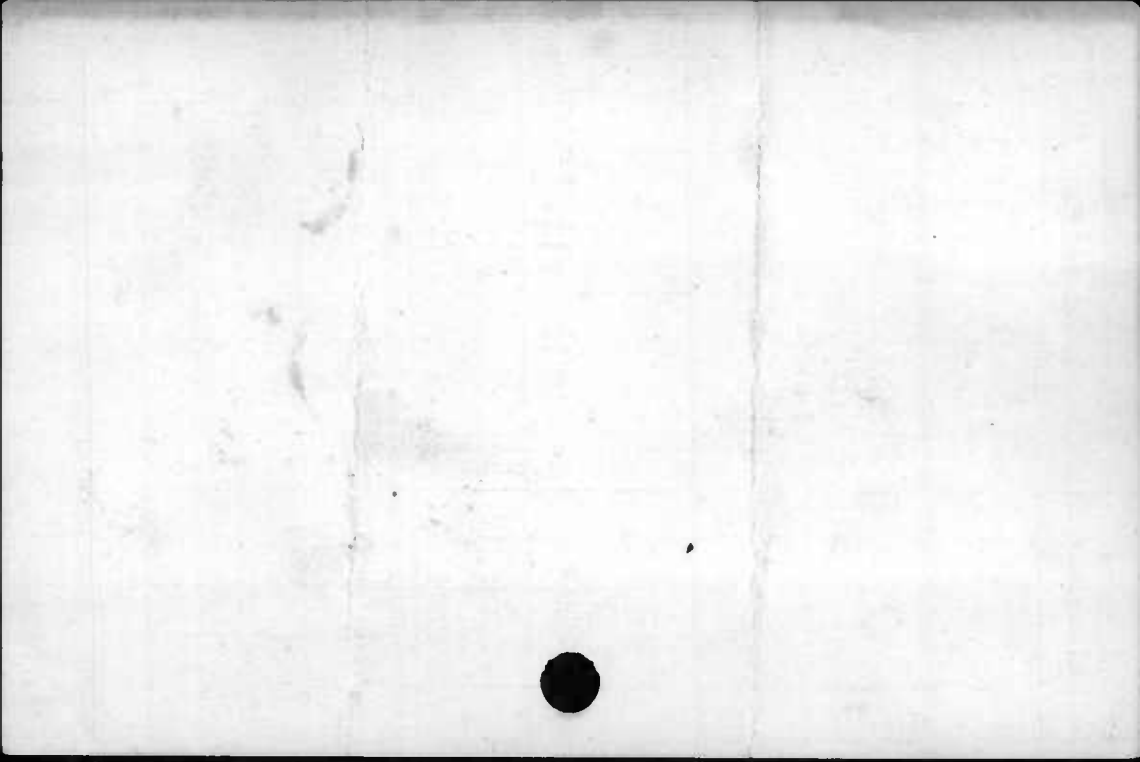
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Lewis Murpley</b>		Town <b>Antebville</b>		County <b>Charles</b>		State <b>MARYLAND</b>	
Died at <b>Antebville</b>		Month <b>12</b>		Day <b>13</b>		Age <b>36</b>	
Date of death <b>1906</b>		Month <b>12</b>		Day <b>13</b>		Years <b>36</b>	
Sex <b>Male</b>		Color or Race <b>White</b>		Birth-place <b>Ind -</b>		Months <b>—</b>	
Occupation <b>Farmer</b>		Where Residing if not at place of death <b>—</b>		Days <b>13</b>			
Married, Single or Widowed <b>Single</b>		Name of Wife or Husband <b>—</b>					
Father's Name <b>F. A. Murpley -</b>		Father's Birthplace <b>Ind</b>					
Mother's Maiden Name <b>Mary Bridgite</b>		Mother's Birthplace <b>Ind</b>					
Name of person giving information <b>John Crokesy</b>		How related to deceased <b>Brother-in-law</b>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Consumption</b>	How long <b>27</b>	How long <b>two years</b>
Immediate <b>Heart failure</b>	How long <b>ten days</b>	
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>H. C. Chappelle</b>	
	Address <b>Hughesville</b>	
	<b>Ind</b>	
Accident or Suicide? <b>—</b>		



Name in Full		Richard E. Pilkerton				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at <sup>Town</sup> Bryantown		<sup>County</sup> Charles -		MARYLAND			
	Date of death	1906	Month	Dec -	Day	31	Age	27
	Sex		Male		Color or Race		White	
	Occupation		Clerk		Birth-place		Ind -	
	Married, Single or Widowed		Single		Where Residing if not at place of death		Ind -	
	Father's Name		Joseph C. Pilkerton		Father's Birthplace		Ind	
	Mother's Maiden Name		Hannah E. Davis		Mother's Birthplace		Ind	
Name of person giving information		William Pilkerton		How related to deceased		Brother		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Laryngeal phthisis			How long		5 months
	Immediate		Exhaustion			How long		3 weeks
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		H. C. Chappelle M.D.	
					Address		Hughesville, Ind.	
Accident or Suicide?								



Name  
in  
Full

Proctor

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Near Fankmon</i> Town		County <i>Charles</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Dec</i>	Day <i>7</i>	Age <i>Still Born</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Charles Co</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>George W. Proctor</i>			Father's Birthplace <i>Charles Co</i>		
Mother's Maiden Name <i>Rena Thompson</i>			Mother's Birthplace <i>Charles Co</i>		
Name of person giving information <i>George W. Proctor</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Still Born</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
<i>yes</i>		<i>Peter W. Roby D.P.</i>
		Address
		<i>Bel Air</i>
Accident or Suicide?		<i>Sub-Registrar M.D.</i>



Name  
in  
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Franktown</i>		Town <i>Proctor</i>		County <i>Charles</i>	
Date of death <i>1906</i>	Month <i>Dec</i>	Day <i>7</i>	Age <i>Still Born</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Charles Co</i>		
Occupation <i>-</i>			Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>-</i>			Name of Wife or Husband		
Father's Name <i>George W. Proctor</i>			Father's Birthplace <i>Charles Co</i>		
Mother's Maiden Name <i>Rena Thompson</i>			Mother's Birthplace <i>Charles Co</i>		
Name of person giving information <i>George W. Proctor</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Still Born</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Peter W. Ruby I.P.</i>
<i>yes</i>	Address <i>Bel Air Md</i>
Accident or Suicide?	<i>Sub - Registrar</i>





Name  
in  
Full

*Infant Ross Baby*  
*River* <sup>Town</sup> *Side* <sup>County</sup> *Charles*

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death *1906*

Month

*12*

Day

*20*

Age

Years

Months

Days

Sex

*Female*

Color or  
Race

*Black*

Birth-  
place

*md*

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

*William Ross*

Father's  
Birthplace

*md*

Mother's  
Maiden Name

*Florence*

Mother's  
Birthplace

Name of person giving  
In formation

*Albert Ross*

How related  
to deceased

*uncle*

CAUSES OF DEATH

Primary

*Still Born*

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

*yes*

Signature of  
Physician

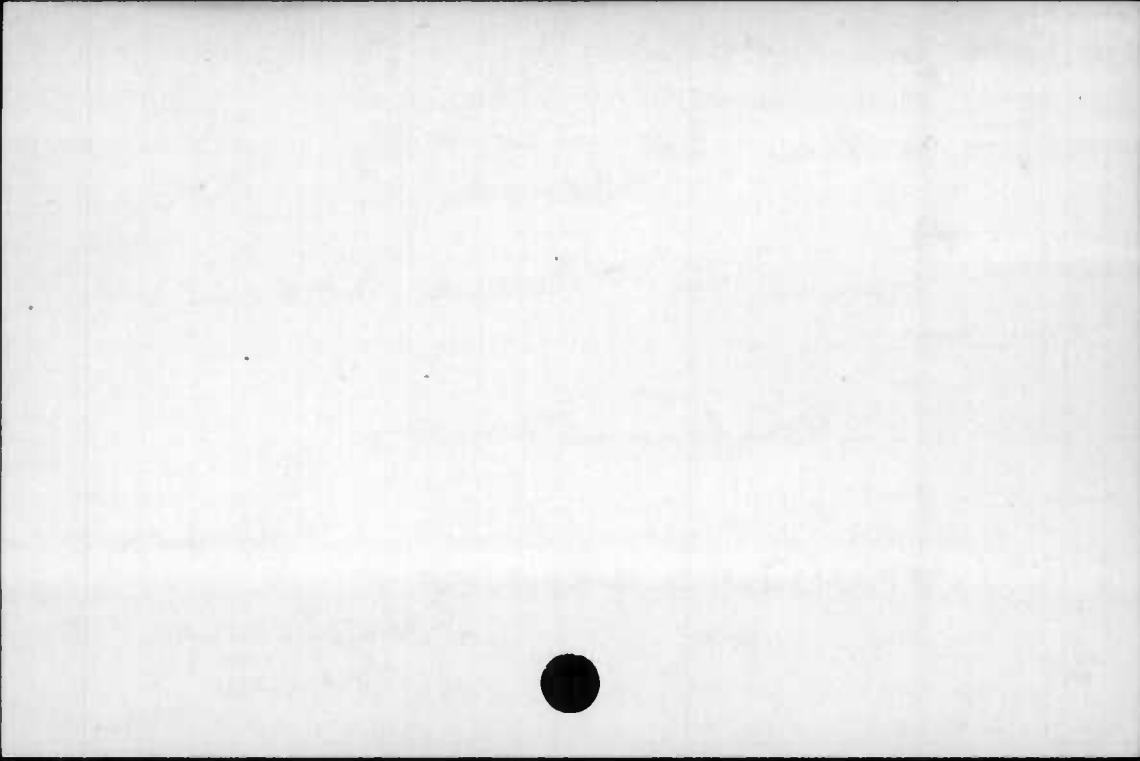
Address

*James M. Wheeler*  
*Sub Registrar*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name

in  
Full

## CERTIFICATE OF DEATH

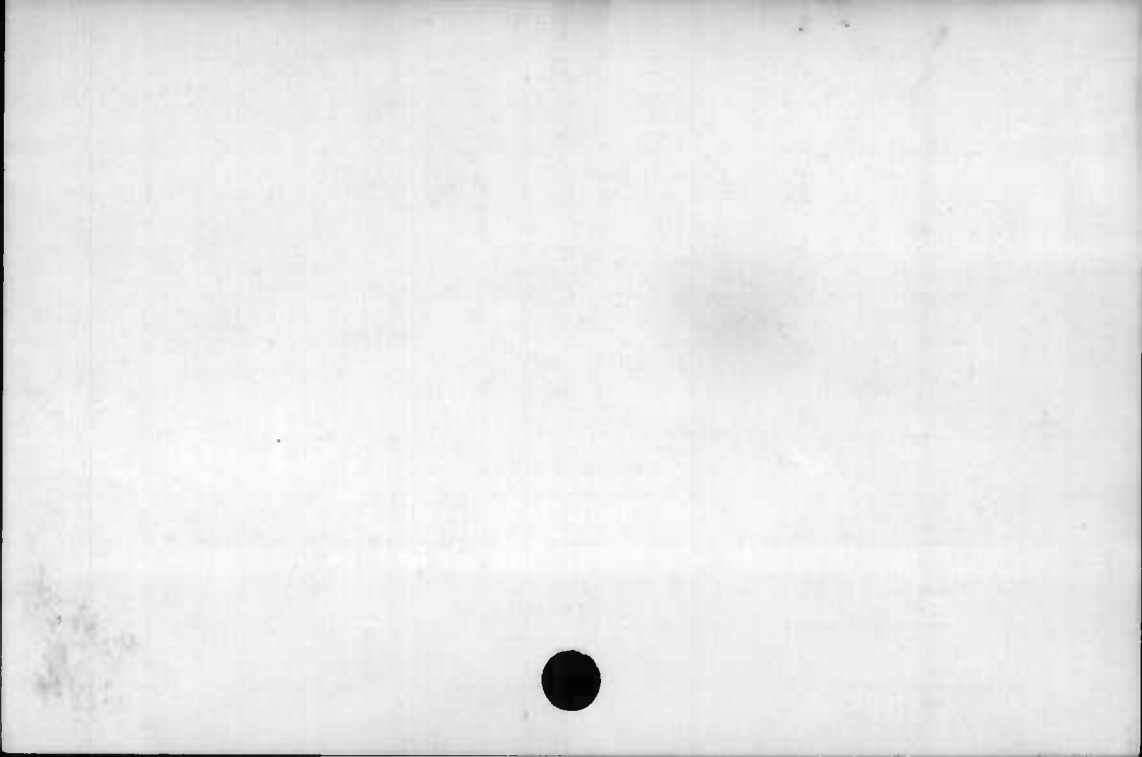
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Joseph Ross</b>		Town <b>hanferry</b>		County <b>Charles</b>		MAYLAND	
Died at		Month <b>Dec</b>		Day <b>25</b>		Years <b>65 or 70</b>	
Date of death <b>1906</b>		Months <b>—</b>		Days <b>—</b>			
Sex <b>Male</b>		Color or Race <b>Black</b>		Birth-place <b>md</b>			
Occupation <b>Farmer</b>		Where Residing if not at place of death					
Married, Single or Widowed <b>Married</b>		Name of Wife <b>Maria Ross</b>					
Father's Name <b>—</b>		Father's Birthplace					
Mother's Maiden Name <b>—</b>		Mother's Birthplace					
Name of person giving information <b>Chapman Barber</b>		How related to deceased <b>114</b>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Hepatic Obstruction</b>	How long <b>about one week</b>
Immediate <b>Obstruction of bowels</b>	How long
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician <b>S. H. Speake, MD</b>
	Address <b>Grayton md</b>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

J. Blaggett Smythe

MARYLAND

Died at <sup>Town</sup> *McCorchie*County *Charles*Date  
of death *1906*Month *Dec*Day *19*

Age

Years *3*Months *9*Days *—*Sex *Male*Color or  
Race*white*Birth-  
place*Charles Co*Occupation *—*Where Residing If not  
at place of death *—*Married, Single  
or Widowed *single*Name of Wife or  
Husband *—*Father's  
Name*W. J. Smythe*Father's  
Birthplace*England*Mother's  
Maiden Name*Martha T. Burgess*Mother's  
Birthplace*Charles Co*Name of person giving  
In formation*W. J. Smythe*How related  
to deceased*father*

## CAUSES OF DEATH

Primary

*Acute Indigestion*

How long

*1 day*

Immediate

*Heart failure*How long *—*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*Thos. S. Owen, M.D.*

Address

*La Plata*

Accident or Suicide?

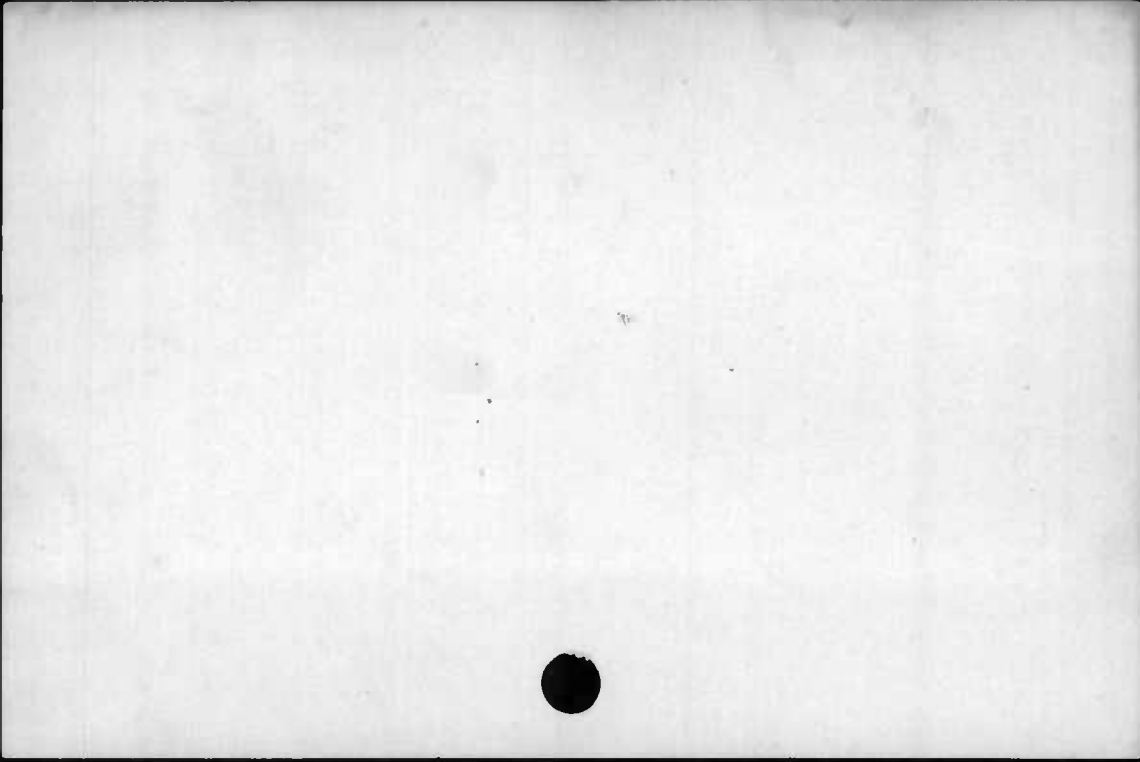
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TO BE ANSWERED BY  
NEAREST FRIEND

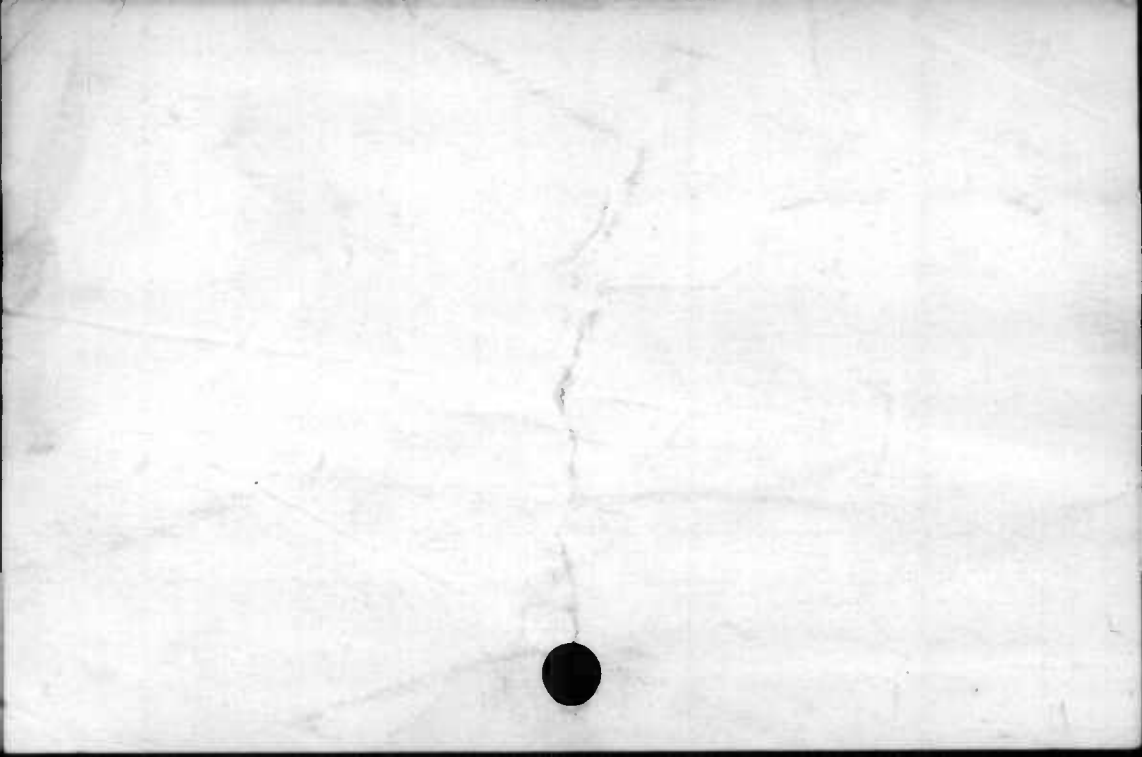
PHYSICIAN  
OR CORONER

Name in Full <i>Jas Brawner Speake Infant</i>		CERTIFICATE OF DEATH	
Died at - <i>Naumony</i> <small>Town</small>		<i>Chas</i> <small>County</small>	
Date of death <i>1906 Dec 7</i> <small>Month Day</small>		<i>5</i> <small>Years Months Days</small>	
Sex <i>Male</i>	Color or Race <i>White</i>	Birthplace <i>Ind</i>	
Occupation		Where Residing if not at place of death	
Married, Single or Widowed	Name of Wife or Husband		
Father's Name <i>E. Raymond Speake</i>	Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Lavinia Brawner</i>	Mother's Birthplace <i>Ind</i>		
Name of person giving information	How related to deceased		
<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div> <div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; margin: 10px auto; text-align: center; line-height: 100px;"> <i>nn</i> </div>			
Primary <i>Trismus (Infantile Tetanus)</i>	How long <i>1 day</i>		
Immediate	How long		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. W. Speake M.D.</i>	
		Address <i>112 W. 1st St. Baytown.</i>	
Accident or Suicide?			





Name in Full		Louisiana Thomas				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Phykennies</i>		Town <i>Charles</i>		County		MARYLAND
	Date of death <i>1906</i>	Month <i>Dec</i>	Day <i>3</i>	Age <i>45</i>	Years	Months	Days
	Sex <i>Female</i>	Color or Race <i>Colored</i>		Birthplace <i>ind</i>			
	Occupation <i>Housewife</i>			Where Residing if not at place of death			
	Married, Single or Widowed <i>Never</i>	Name of Wife or Husband <i>James Thomas</i>					
	Father's Name <i>Do not know</i>			Father's Birthplace <i>ind</i>			
	Mother's Maiden Name <i>Jane Groves</i>			Mother's Birthplace <i>ind</i>			
Name of person giving information <i>James Thomas</i>				How related to deceased <i>Uncle</i>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Phthisis</i>		(27)		How long <i>3 years</i>		
	Immediate <i>Exhaustion</i>				How long		
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>L. C. Goodmond</i>		Address <i>Pyrites, Md.</i>		
	Accident or Suicide?						



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Allen's Fresh</i>		Town <i>Charles</i>		County
	Date of death <i>1906</i>		Month <i>Dec.</i>	Day <i>23</i>	Years
	Sex <i>Male</i>		Color or Race <i>Coral</i>		Birth-place <i>Chas. Co.</i>
	Occupation		Where Residing if not at place of death		
	Married, Single or Widowed		Name of Wife or Husband		
	Father's Name <i>Emanuel Thompson</i>		Father's Birthplace <i>Charles Co.</i>		
	Mother's Maiden Name <i>Sarah Newman</i>		Mother's Birthplace <i>Charles Co.</i>		
Name of person giving information <i>Emanuel Thompson</i>		How related to deceased <i>Father</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Whooping Cough</i>		How long <i>4 weeks</i>		
	Immediate <i>Heart Failure</i>		How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Peter M. Roby J.P.</i>		
	<i>Yes</i>		Address <i>Sub. Registrar</i>		
Accident or Suicide?					



Name  
in  
Full

Sarah Newman Thompson

## CERTIFICATE OF DEATH

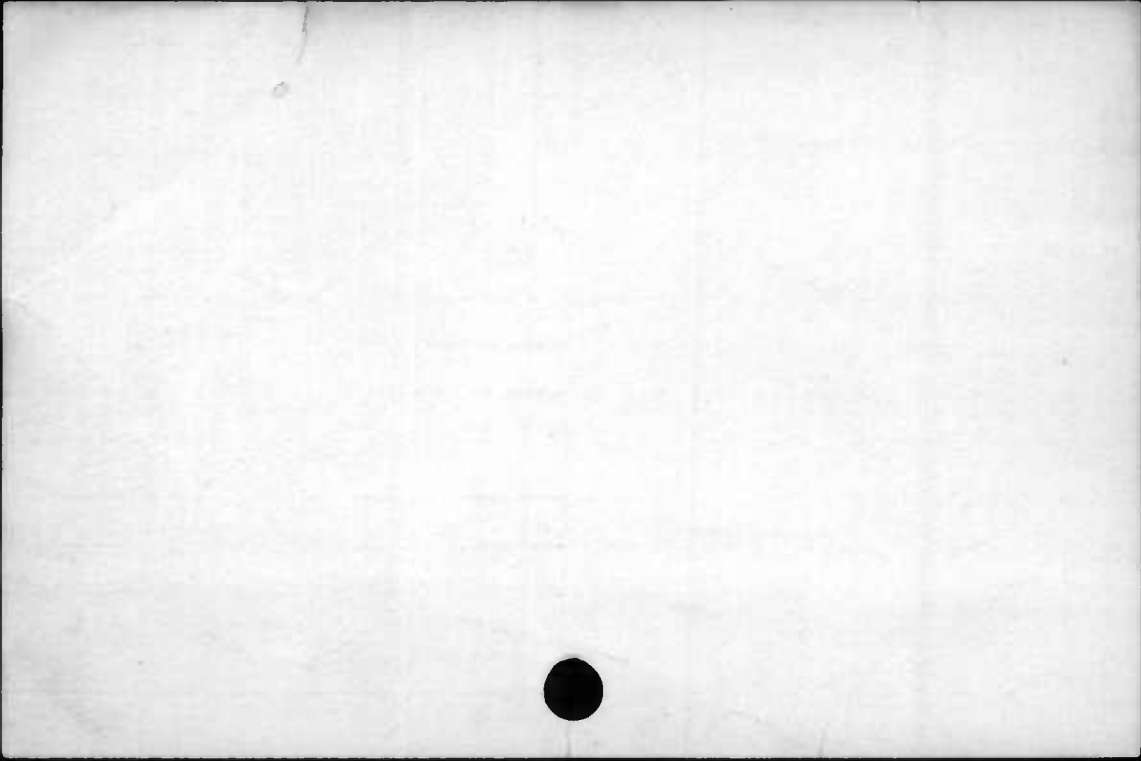
TO BE ANSWERED BY  
NEAREST FRIEND


Died at <i>Acme Fresh</i>		County <i>Charles</i>		MARYLAND	
Date of death 190 <i>6</i>	Month <i>Dec</i>	Day <i>6</i>	Age <i>about 20</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Char Co</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>			
Name of Wife or Husband <i>Emanuel Thompson</i>					
Father's Name <i>Ross Newman</i>		Father's Birthplace <i>Char Co</i>			
Mother's Maiden Name <i>Mary Jane Proctor</i>		Mother's Birthplace <i>Char Co</i>			
Name of person giving information <i>Emanuel Thompson</i>		How related to deceased <i>Husband</i>			

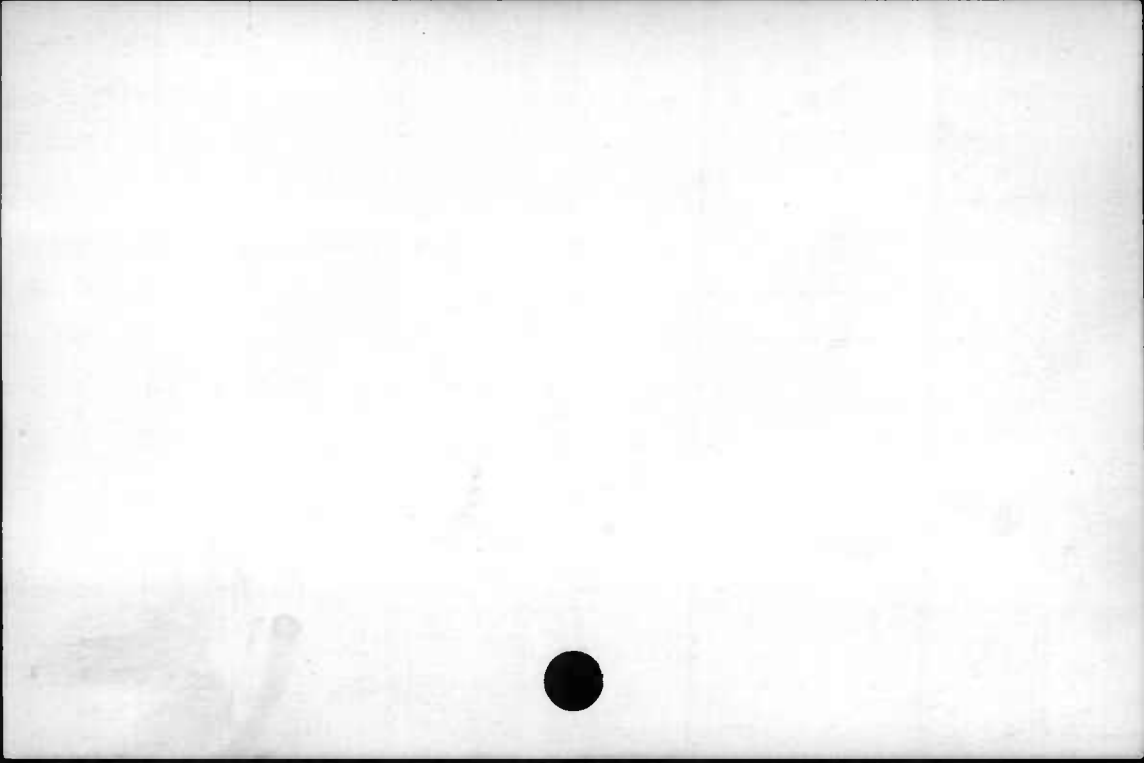
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Purpural Septicemia</i>	How long <i>one month</i>
Immediate <i>exhaustion of Cardiac</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes with exception of age, which is not known but supposed to be about 20 yrs</i>	Signature of Physician <i>C. L. Cecil</i>
Address <i>W. Carroll Ind</i>	
Accident or Suicide?	



Name in Full		Joseph Cossio Wallace				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Newport</i>		County <i>Charles</i>		MARYLAND	
		Date of death <i>1906 Dec</i>		Age <i>13</i>		Months <i>—</i> Days <i>—</i>	
		Sex <i>Male</i>		Color or Race <i>Colored</i>		Birthplace <i>Char Co Md</i>	
		Occupation <i>House boy</i>		Where Residing if not at place of death <i>at home</i>			
		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
PHYSICIAN OR CORONER		Father's Name <i>Joseph Wallace</i>				Father's Birthplace <i>Char Co</i>	
		Mother's Maiden Name <i>Rosa Thomas</i>				Mother's Birthplace <i>" "</i>	
		Name of person giving information <i>Edward Wallace</i>				How related to deceased <i>Brother</i>	
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Pertussis</i>		<i>(4)</i>		How long <i>Two weeks</i>	
		Immediate <i>Pneumonia</i>				How long <i>5 days</i>	
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>C. L. Cecil</i>		Address <i>Wilmington Md</i>	
		as near as can be obtained					
		Accident or Suicide?					





Name  
In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Barbara Wilkinson

Town

Gallant Green

County

Charles

MARYLAND

Date

of death

1906

Month

Dec

Day

23

Age

Years

65

Months

-

Days

-

Sex

Female

Color or  
Race

White

Birth-  
place

Gallant Green

Occupation

-

Where Residing if not  
at place of death

-

Married, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

George S Wilkinson

Father's  
Birthplace

Gallant Green

Mother's  
Maiden Name

Mary Adams

Mother's  
Birthplace

Gallant Green

Name of person giving  
In formation

Frank Wilkinson

How related  
to deceased

Nephew

## CAUSES OF DEATH

Primary

Pneumonia

How long

10 days

Immediate

Collapse

How long

1 day

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

H. M. T. Brown

Address

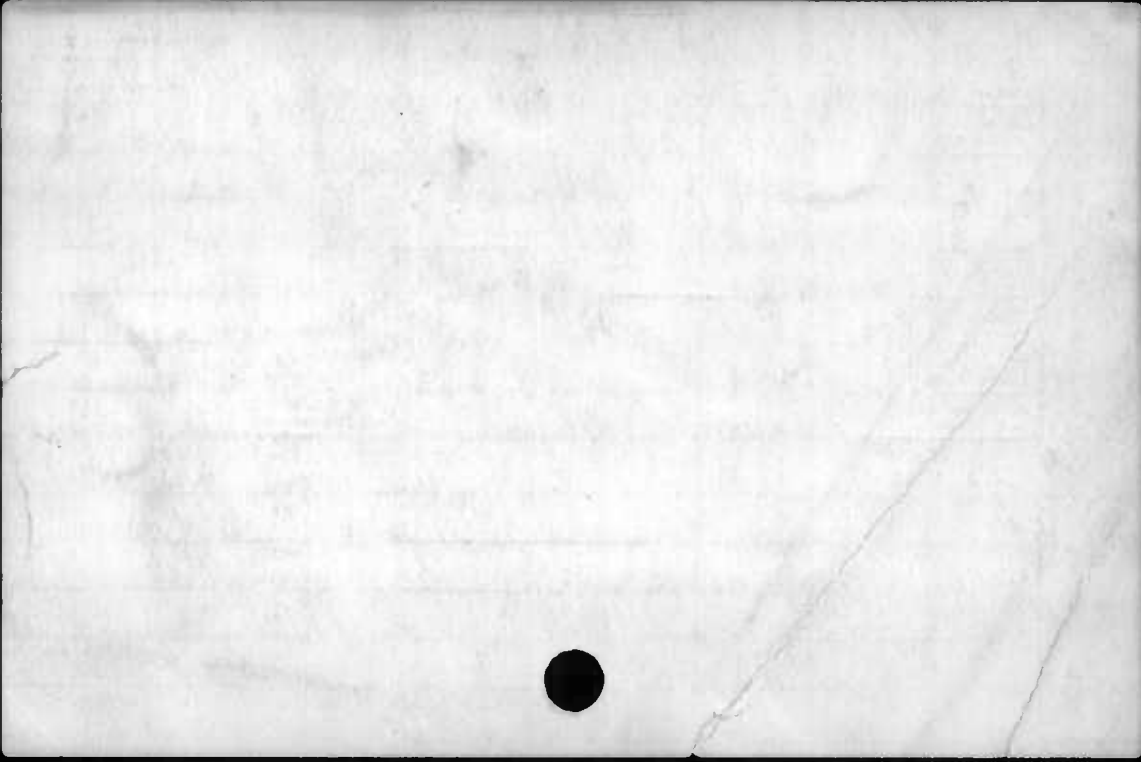
Aguasco

Accident or Suicide?

No

Ind

PHYSICIAN  
OR CORONER



Name  
in  
Full

George W. Wheeler.

## CERTIFICATE OF DEATH

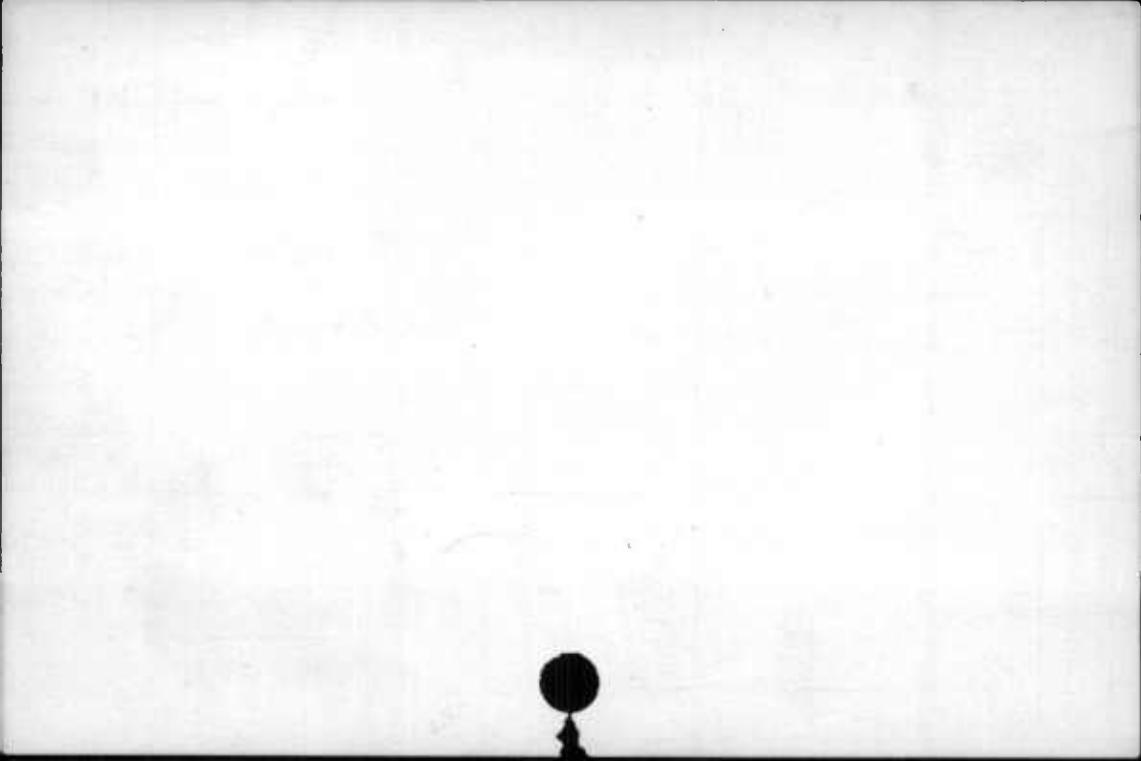
TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Chicamuxen* TownCounty *Charles*Date of death *1900* Month *Dec.*Day *1*Age *80* YearsMonths *—*Days *—*Sex *Male*Color or Race *American*Birth-place *St. Marys Co., Md.*Occupation *Sailor*Where Residing if not at place of death *—*Married, Single or Widowed *Widowed*Name of Wife or Husband *—*Father's Name *—*Father's Birthplace *—*Mother's Maiden Name *—*Mother's Birthplace *—*Name of person giving information *W. Worthington Milstead*How related to deceased *None.*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONERPrimary *Paralytic Dementia**74*How long *3 years.*Immediate *Laryngeal Paralysis*How long *2 days*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Geo. C. Bicknell,*Address *Piegah, Md.**—*Accident or Suicide? *—*



Name  
in  
Full

Florence Williams

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Port Tobacco</i>		Town		<i>Charles</i>		County		MARYLAND	
Date of death <i>1906</i>		Month <i>Dec</i>		Day <i>23</i>		Age <i>35</i>		Years	
Sex <i>Female</i>		Color or Race <i>African</i>		Birth-place <i>Charles Co</i>		Months		Days	
Occupation <i>Domestic</i>		Where Residing if not at place of death <i>Virginia</i>		Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Robert Williams</i>			
Father's Name <i>Jos. Hawkins</i>		Father's Birthplace <i>Charles Co</i>		Mother's Maiden Name <i>Ann Brown</i>		Mother's Birthplace <i>Charles Co</i>			
Name of person giving information <i>Sml. Burch</i>		How related to deceased <i>Not at all</i>							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Cerebral Emb.</i>	How long	<i>6 years</i>
Immediate	<i>Malnutrition</i>	How long	<i>6 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E. J. ...</i>	
		Address <i>Bel Air Md</i>	
Accident or Suicide?			

